



## PART B - FEE(S) TRANSMITTAL

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36310 7590 07/20/2005

**INSULET CORPORATION**

9 Oak Park Drive  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

*R. Anthony Dichter*  
(Depositor's name)  
*R. Anthony Dichter*  
(Signature)  
10/20/2005  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/681,688	10/08/2003	J. Christopher Flaherty	59249-0159 (INSL-118CN)	7709

TITLE OF INVENTION: FLOW CONDITION SENSOR ASSEMBLY FOR PATIENT INFUSION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/20/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KENNEDY, SHARON E	3762	604-067000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Insulet Corporation*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Bedford, MA*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *508158* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *R. Anthony Dichter*

Typed or printed name *R. Anthony Dichter*

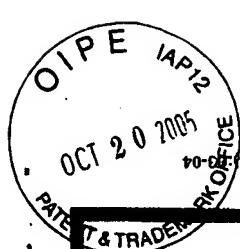
Date *10/20/2005*

Registration No. *38,432*

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## Insulin Management System

**Insulet Corporation**  
**9 Oak Park Drive**  
**Bedford, MA 01730**  
**Tel: 781-457-5000**  
**Fax: 781-457-5011**  
**[www.MyOmniPod.com](http://www.MyOmniPod.com)**

## Fax Cover Sheet

Confidential

**To:** ISSUE FEE **From:** R. Anthony Diehl  
**Company:** US PTO **Pages:** 3  
**Fax:** 571-273-2885 **Date:** 10/20/2005  
**Telephone:** **CC:**  
**Re:** U.S. App. Ser. No. 10/681,688; Conf. No. 7709; Atty. Dckt. No. INSL-0118CN

**Comment:** Issue Fee and Publication Fee Transmittal (duplicate)

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